

HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, HONOLULU, HAWAII 96813 or P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: (808) 587-0460 FAX: (808) 587-0470 email: ethics@hawaiiethics.org
Web site: www.hawaii.goy/ethics

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LOBBYIST REGISTRATION FOR MATE OF HAWAII

(Type or Print Clearly) PART I LOBBYIST NAME (Last) (First) (Middle) **TELEPHONE FOX** MARK R 808-587-6234 MAILING ADDRESS (Street) FAX 808-545-2019 923 Nuuanu Ave. EMAIL. mfox@tnc.org (City) (State) ¿(Zip Code) Honolulu Ш 96817 EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby) **TELEPHONE** The Nature Conservancy 808-537-4508 MAILING ADDRESS (Street) FAX 808-545-2019 923 Nuuanu Ave. **EMAIL** (City) (State) (Zip Code) 96817 HI Honolulu

PART II ORGANIZATIO	N	
NAME OF ORGANIZATION YOU	TELEPHONE 808-537-4508	
The Nature Conservance		
MAILING ADDRESS (Street)	FAX 808-545-2019	
923 Nuuanu Ave	EMAIL	
(City)	(State)	(Zip Code)
Honolulu	HI	96187
NAME OF PERSON RESPONSIBLE	TELEPHONE	
Sharon Tangonan	808-587-6240	
MAILING ADDRESS (Street)		FAX 808-545-2019
Same as above		EMAIL stangonan@tnc.org
· (City)	(State)	(Zip Code)

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PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY					
☐ 'Agriculture	C Education	Human Services	Science, Technology & Economic Development		
Communications & Public Utilities	Government Operation & Finance	 Intergovernmental Relations, International Affairs 	☐ Tourism & Recreation		
Consumer Protection & Commerce	Hawaiian Affairs	Labor & Employment	☐ Transportation		
Culture, Arts, Historic Preservation	☐ Health	Planning, Land & Water Use Management	Other: (indicate below)		
Ecology, Energy Environmental Protection	☐ Housing	Public Safety & Corrections			
PART IV CERTIFICATION OF LOBBYIST					
I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.					
1/11/13					
(Signature of Lobbyist) (Date)					
1	, ,		(~)		
PART V AUTHORIZAT	TION TO LOBBY		<u>,</u>		
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED				
Suzanne D. Case	Executive Director				
NAME OF ORGANIZATION (if	applicable)		TELEPHONE		
The Nature Conservar	псу		808-537-4508		
MAILING ADDRESS (Street)	<u></u>		FAX 808-545-2019		
Same as above		<u> </u>	EMAIL scase@tnc.org		
(City)	(State)		(Zip Code)		
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.					
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(Signature of)	Authorizing Officer or Person Repres	sented)	(Date)		